

Attorney Docket No. _____

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TITLE OF INVENTION,

NAVIGATING THROUGH WEBSITES AND LIKE INFORMATION SOURCES

the specification of which

☐

is attached hereto

OR

☒

was filed on 23 April 2004 as ~~United States Application No. _____~~ PCT International Application Number PCT/GB2004/001749 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
0309174.1	GB	04/23/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from my British representatives, Marks & Clerk Scotland, as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Customer Number 00826

Direct telephone calls to:

Jason P. Cooper
Registration No. 38,114
Tel Charlotte Office (704) 444-1000
Fax Charlotte Office (704) 444-1111

Full name of (~~first~~/sole) inventor: STEVENSON, David Watt

Inventor's

Signature: D. W. Stevenson Date: 23rd Jan 2006
Residence: Linlithgow, West Lothian, United Kingdom
Citizenship: British
Mailing Address: 58 Sheriffs Park
Linlithgow, West Lothian, EH49 7SS,
United Kingdom

Full name of second inventor:

Inventor's

Signature: _____ Date: _____

Residence:

Citizenship:

Mailing Address:

Full name of third inventor:

Inventor's

Signature: _____ Date: _____

Residence:

Citizenship:

Mailing Address: